	PATE	NT APPLIC	ATION FE	F DETE		INATION P		OPD.	Ар	plicatio	on or Docket I	Number	
PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 8, 2004									10/524390				
CLAIMS AS FILED - PART I SMALL ENT										OTHER			
L				mn 1)	<del>,</del>	(Column 2)		TYPE		OR	OR SMALL ENTIT		
U.	S. NATIONAI	L STAGE FEES						RATE	FEE	7	-RATE :	FEE	
BASIC FEE				SMALL ENT. = \$ 150		RGE ENT. = \$ 300		BASIC FEE		OR	BASIC FEE	13 a	
EXAMINATION FEE			(4) = \$5	Satisfies PCT Article 33(1)- (4) = \$50/\$100		other situations = \$ 100 / \$ 200	1	EXAM. FEE	<del>                                     </del>	1	EXAM. FEE		
SEARCH FEE			ALL other o	U.S. is ISA = \$50/\$100 ALL other countries = \$200/\$400		other situations = \$ 250 / \$ 500		SEARCH FEE		1	SEARCH FEE	700	
FEE FOR EXTRA SPEC. PGS.			mir	minus 100 =		/ 50 =		X \$ 125 =	<del>                                     </del>	1	X \$ 250 =	1	
то	TAL CHARGE	ABLE CLAIMS	// m	// minus 20 = .				X \$ 25 =	<del>                                     </del>	OR	X \$ 50 =	<del> </del>	
INDEPENDENT CLAIMS			1 1	/ minus 3 =				X \$ 100 =	<del> </del>	OR	X \$ 200 =	<del> </del>	
MUI	LTIPLE DEPE	NDENT CLAIM PF	RESENT	SENT				+ \$ 180 =	<del>                                     </del>	OR	+ \$ 360 =	<del>                                     </del>	
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL	<del> </del>	OR	TOTAL	900	
		CLAIMS AS	AMENDE	) - PART	ΓH					_1	OTHER		
	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL E		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =		
	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRES	SENTATION OF N	MULTIPLE DEP	ENDENT C	LAIM		1	+ \$ 180 =		OR	+ \$ 360 =	-	
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Columi	n 2)	(Column 3)							
		CLAIMS REMAINING AFTER AMENDMENT		HIGHE: NUMBE PREVIOU PAID FO	ST ER JSLY	PRESENT EXTRA	ſ	RĄTE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	T	X \$ 25 =		OR	X \$ 50 =		
	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+\$ 180 =		OR	+ \$ 360 =		
				<del></del>				OTAL ADDIT.		L	TOTAL ADDIT.		
								FEE L			FEE L		

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.